CHANCRE OF THE TONGUE, WITH A REPORT OF FOUR CASES.

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CHANCRE of the tongue is a rare lesion, and when it occurs it is almost invariably found upon either border about half an inch from the tip of the organ. At first it is very small, and feels like a small spot under the surface. As it increases in size the lesion becomes elevated and ulcerated by contact with the teeth. It is often covered with glistening false membrane, presenting a peculiar opaline surface, on account of which it is mistaken for a mucous patch. It is, however, always single, has sharply defined and slightly raised and inflamed edges, and is surrounded by circumscribed induration.

Chancre of the tongue may become phagedenic and be transformed into a large ulcer. One such case has been cited by Jullien.[1] The subhyoid ganglia usually are the first to become enlarged, soon followed by enlargement of other cervical and post-cervical glands.

The following statistics of extragenital chancres reported by L. Duncan Bulkley[2] are of interest. In 900 cases of syphilis only about 270 chancres were observed. Of these, twenty-seven, or 10 per cent., were extragenital, only two occurring upon the tongue, or 1.35 per cent. Among 3570 chancres in the male, recorded by Sigmund, Fournier, and Jullien, there were 186

[1] Arthur Van Harlingen, M.D., International Encyclopædia of Surgery.

[2] Transactions of the New York State Medical Society, 1886.

extragenital chancres, or a trifle over 5 per cent. I have been unable to find the record of how many occurred upon the tongue.

According to Fournier,[1] out of 824 cases of chancre, in only three was the sore found upon the tongue.

An abrasion of the mucous membrane of the organ produced by rough and carious teeth is a frequent predisposing cause of chancre, and accounts for the fact that the lesion is most frequently met with upon one or the other side near the tip. The specific nature of the sore is often unrecognized and mistaken for an innocent ulcer, and the patient not being warned becomes a source of contagion to many innocent people. I believe that if every tongue-chancre was recognized we would find that the percentage of these cases would nearly equal that which is reported for chancre of the lip. It is therefore highly important that the possibility of every case should be borne in mind, and that when a patient presents a sore on the lip, tongue, or tonsil, a guarded diagnosis should be given. And unless an innocent cause is evident, it is our duty to warn him of his danger and that which threatens his family and others, at the same time giving him minute instructions as to hygiene and prophylaxis.

Such a case presented himself to me last July. The history of possible contagion was clear. Three weeks before I saw him he had cohabited with a woman who, as was subsequently ascertained, was being treated for syphilis and at the time had mucous patches on her lips. At the end of two weeks he first noticed that his throat was sore, and when he came to me there was an ulcer on the right tonsil, oval in shape, six-sixteenths of an inch in its longest diameter, having a sharply defined elevated border and covered with an opaline membrane. There was slight enlargement of the submaxillary and anterior cervical glands on the same side. He was married and had several children. I at once warned him of the danger, and for over three months, at great inconvenience, he faithfully followed my directions, procuring for himself separate towels, napkins, and drinking vessels for household use.

I ordered a mouth-wash of peroxide of hydrogen and listerine, and from time to time touched the ulcer with a solution of chromic

[1] McBurney, Holmes's System of Surgery.

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acid. At the end of two weeks the ulcer had disappeared, but its seat was elevated and defined. The lymphatic glands were smaller but still enlarged. I saw him again at the end of three months, and as the secondary lesion had not yet appeared he decided to give up taking further precautions. The tonsil was still slightly swollen. I have not heard from him since.

It is possible that the diagnosis of chancre was incorrect, and yet I still believe that this was a primary lesion, one of those rare cases in which the secondary do not manifest themselves, and in which the diagnosis remains to be confirmed by the development of some obscure tertiary lesion.

The following case of tongue chancre is undoubted and is worthy of notice, owing to the typical course it ran and the complications which occurred.

G. S., aged twenty-three years, single, was first seen by me March 17, 1894. On January 22, one day after coition, gonorrhœa developed, and lasted until March 7. On February 21 he noticed a small lump on the left side of tongue one inch from the tip. He described it as feeling like a kernel in the substance of the organ immediately below the surface and slightly elevating it. There was no ulceration until about March 5. There was no pain, but he was annoyed by excessive salivation.

Upon examination I found a chancre situated on the left border of the tongue, one inch from the tip and about the size of a dime. It was round, elevated, and hard. The edges were sharply defined and thickened, and the base indurated. It was entirely covered by a pale, opaline, glistening membrane. In the course of a few days this membrane broke down in the centre, exposing an ulcerated surface as represented in the accompanying sketch, for which I am indebted to Dr. J. Madison Taylor. The subhyoid glands and the anterior cervical glands were beginning to become enlarged on both sides. Salivation was excessive, so that he had to expectorate every few minutes. Deglutition was difficult, and he was excessively nervous and apprehensive. I ordered a mouth wash of boracic acid, and every three days painted the ulcer with a weak solution of chromic acid. The period of incubation in this case was thirty days. The time between the first appearance of the lesion and lymphatic involvement was about

twenty-seven days. Twenty-three days later a true syphilitic roseola developed on the back, chest, arms, and legs, which was preceded by an acute eruption on the scalp, back, and chest. At this time, fifty days after it was first noticed, the chancre had disappeared, only a slight depression existing at its seat.

The patient was at once placed upon increasing doses of the protiodide of mercury until he took three and one-third grains daily. By this time the secundæ had entirely disappeared, and as symptoms of salivation began to present, I reduced the dose to one and one-half grains a day. In a very short time all local and constitutional symptoms had left him, and he described himself as feeling perfectly well. He continued treatment until about the middle of July and then gave it up. I saw him again September 14, and found three ulcers on the hard palate, one at the base of the right half arch, partly involving the tongue, and a deep fissure on the dorsum of the tongue midway between the raphé and left border, about one and a quarter inch in length. These appearances promptly yielded to renewed treatment, so that no evidence of lesion can now be detected. He took one-third of a grain of protiodide of mercury three times a day. This has been reduced to two-thirds of a grain daily, and he appears to be in perfect health.

Nine months after the treatment was started, as he had become quite anæmic, I stopped the protiodide and ordered syr. ferri iodidi, gtt. xx three times a day. He returned to my office ten days later with a small plaque on the dorsum at the seat of the old fissure. A prompt return to the protiodide at once caused this lesion to disappear.

I am indebted to Dr. Orville Horwitz for the notes of the following cases of chancre of tongue occurring in the clinical service of the Jefferson Hospital :

CASE I.—Service of the late Dr. S. W. GROSS.—Samuel F., aged twenty-six years; single; laborer. Came to the hospital complaining of a hard, indurated ulcer situated on the left side of the tongue.

He stated that he had had the sore for three weeks; six weeks previous to coming to the institution he had had intercourse with a prostitute, whom he had kissed repeatedly; about twenty-eight days later he noticed a small pimple on the tongue, to which at first he

paid but little attention. A few days later it became inflamed and ulcerated, and the glands under the jaw on the left side became tender and swollen. Four weeks later this patient developed secondary syphilis.

CASE II.—Service of Dr. HORWITZ.—George K., aged thirty-one years; married; plumber. On examination, a large, indurated, undermined ulcer, the base of which was covered with a plastic lymph, was discovered on the tip of the tongue. Glands on both sides under the jaw were enlarged. He denied having been untrue to his wife; but on further questioning it was found that he was in the habit of smoking the pipes belonging to his fellow-workmen. A diagnosis of chancre was made. Secondary symptoms followed in due course of time.

CASE III.—Service of Dr. HORWITZ.—Harry L., aged thirty-nine years; farmer. Brought to the hospital from Bordentown, N. J. Supposed to be suffering from cancer of the tongue. On examination a large ulcer was discovered on the left side of the organ with swelling of the glands under the jaw on that side. He first noticed the sore six weeks previous to his first visit to the hospital. It first appeared as an ordinary fever blister; the vesicle finally broke, leaving an unhealthy-looking ulcer with a foul base. The patient stated that two weeks before the chancre appeared he had spent an evening at a house of ill-fame in Philadelphia, and whilst he had not indulged in sexual intercourse with any of the inmates he had kissed them repeatedly.

Later the initial lesion was followed by the usual secondary manifestations.